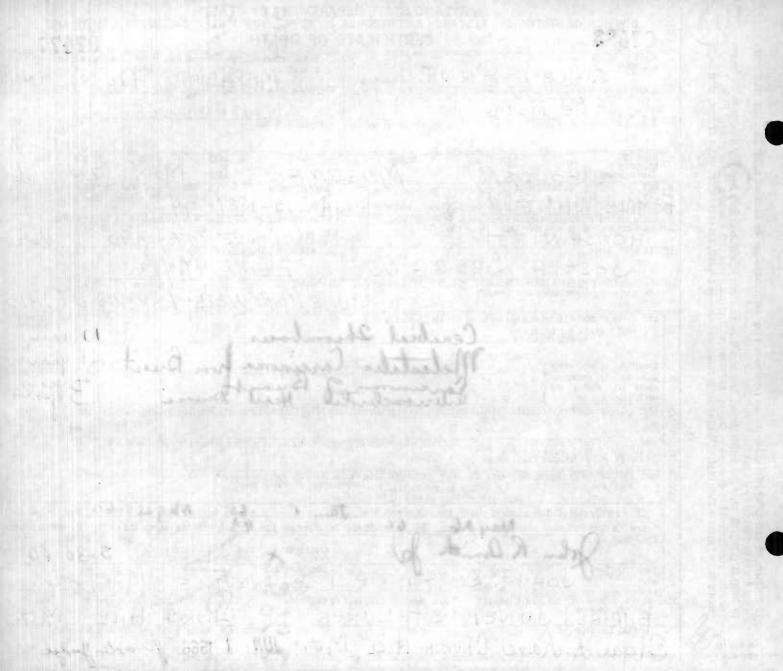
1 (BA)	MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRES	OF HEALTH TON STREET, BALTIMORE 1, MARYLAND
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N: The tal or a ificate for use Health		PERFORMED? YES NO NO
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r ATTENDI r retained ECTOR: A 3 should with the	21. I certify that (I) (this hospital) attended the deceased from July aw the deceased alive on April 29 1966, and that death occurred signatures.	at IA M, from the causes and on the date stated above.
,	PHYSICIAN'S M.D. ATTENDING PHYS. 1. 22d. ADDRESS	DIRECTOR PHYS. 5-2-66
O HOSPITAL OR ATTEN Page 4 may be retain O FUNERAL DIRECTOR. director, page 3 shou should be filed with th	NAME (Type) G. Invin Hoyt JRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	Queenstown, Maryland 23d. LOCATION (City, town or county) (State)
5 5 5 2 W	May 3 Stevensville NERAL DIRECTOR ADDRESS 25a, 125a, 125a, 125a	REC'D BY REGISTRAR 255 DEGISTRAR'S SYGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. CDUNTY b. COUNT MARYLAND Pages b. CITY DR TDWN (if outside corporate limits. c. CITY DR TDWN (If Jutside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b p write RERAL and give nearest town) RURA RURA Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled RFD#1 YES NO Box 138 completely NAME DE DATE First Middle Month Day DECEASED DEATH (Type or print) 196 5. SEX 6. CDLOR DR RACE DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 8. 9. remove 7. MARRIED NEVER MARRIED and WIDOWED W DIVORCED 10b. KIND OF BUSINESS DR 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN DF WHAT (County & State, or foreign country) physician en please The law requires that the death certificate be and tome 13. FATHER'S NAME remova OSIA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. INFORMAN' Address permit. 0 cremation, the INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. · kone been signed the burial-transfer to burial, cre DUE TO years Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. has as WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate YES [NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of Item 18.) of detached 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20d. INJURY DCCURRED 20f. (City or town) 20c. TIME DF INJURY Month, Day, Year Hour a.m. While at work Not While at work Page 4 may be retained by 19 P that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 3 A M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING director, page should be filed DIRECTOR PHYS. TO HOSPITAL FUNERAL PHYSICIAN'S **ADDRESS** 22d. NAME Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR GREMATORY LOGATION (City, town or county) (State) 23b. 23d. (Specify) C'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR AI5 (4) 20M 1/65

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1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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24 ho filled i papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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executed within and completed remove carbon n any event, with	3. NAME OF DECEASED (Type or print) GOLDEN Middle MOSSMAN 4. DATE DF DEATH MAY 28 1966
cuted no co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) FOM DIE WIDOWED DIVORCED 1. A.N. 27 - 1887 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Hours Min. FOM DIE WIDOWED DIVORCED A.N. 27 - 1887
n and remain and in an and in an an and in an an and in an an and in an	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 111, BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT
te be ysicia oleaso	HOUSE WIFE BALTIMORE MARYLAND USA
tifica ng ph hen noval	13. FATHER'S NAME OSEPH SCOGGINS 14. MOTHER'S MAIDEN NAME FIME MYCRS
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D HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and is	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work.
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ATTE reta reta 6 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	saw the deceased alive on 19 65, and that death occurred at 11 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
AL OR May be page filed	M.D. ATTENDING MED. STAFF 5-30-66
SPITA 4 m VERA tor, 1 d be	22C. PHYSICIAN'S JOHN R. SMITH JR. CENTREVILLE MARYLAND
TO HOSPITAL Page 4 may TO FUNETAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) PURIAL JUNE ST. LUKES CHURCH HILL MD. 250. BOATION (CITY, BURIED) ADDRESS, 125a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Edgard. Jane CHURCH HILL MD. DAWN 1 1966 golvarles Judge



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY b. COUNTY Queen Anne's Oueen Anne's MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b completely filled in by ove carbon papers. Page event, within 72 hours write RURAL and give nearest town) Millington Millington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES 3. NAME DF DECEASED First Middle Last DATE Month Day Year Sadie M. Robbins (Type or print) DEATH May 66 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIED AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) Months Oays Hours White Female WIDOWED K November 10,1896 69 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Own Home U.S.A. Del. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. George. Ella Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) signed by the att purial-transit perm burial, cremation, o No. 222-14-2713 Mrs. Anna Coppage, Millington, Md. 21651 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate has been as the l **DUE TO** cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMEO? NO A YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) t. of After this cel be detached State Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work the 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: / age 3 should iled with the and that death occurred at 5PM, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SIGNED irector, page involved to MED Page 4 may h M.D. DIRECTOR FUNERAL 22c. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D. Millington, Md. 21651 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) Burial (Specify) May, 20, 1966 Millington Cemetery Millington, Md. Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AOORESS VR A15 (4) 20M

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Comen Anne's a teruti integrarojam ton normal (TE) M. Robbins L. Hardins November 10, 1896 69 Formie White Com Home Long el bronnoR John E. Grorge. 212-14-2215 Mrs. Mand Corbago, 1411 a ron, 1d. 211:1 A Committee of the Comm Eartal May, 20, 1986 Militarion Count sy Militarion, Md. A TREE A CONTRACTOR

	X		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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be retail be retail ECTOR should be contained and beat			21. I certify that (I) (this hospital) attended the deceased from 1966, to April 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 7.5 M, from the causes and on the date stated above 226. SIGNATURE
HOSPITAL of the Page 4 FUNERAL actor, page 3 filed with the			22c. PHYSICIAN'S NAME (Type) Irvin G. Hoyt M.D. 22d. ADDRESS Quee-stown, Md.
St. d. d.	0	6	BURIAL CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) MAY 4, 1966 Chesterteld Cemetery Centrely Centrely (Shoto) FUNERAL DIRECTOR'S SIGNATURE () A MADDRESS A 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death PLACE DE DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY by the in Pages 1 a MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours 2 etely filled in bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 6 mmer c YES NO completely carbon Day NAME OF Middle Last 4. DATE Month DECEASED event, (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF MARRIED T NEVER MARRIED WIDDWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA COUNTRY ADOR certificate physi 0 FATHER'S NAME MOTHER'S MAIDEN NAME 13. removal ed by the attending parameter Then transit permit. Then cremation, or remova _ INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) death NO INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) signed been buria, burial, DUE TD Cenditions. If any, which (b) rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health PERFORMED? certificate NO T YES PHYSICIAN: this ce. detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 120e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After Stat ATTENDING retained by at work at work 19 D the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should M. from the causes and on the date stated above. saw the deceased alive on 19 and that death occurred at DATE SIGNED 22b. 22a. SIGNATURE MED. DIRECTOR ATTENDING page M.D. PHYS. TO HOSPITAL director, pr 22d. ADDRESS FUNERAL 22c. PHYSICIAN'S NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF EMOYAL (Specify) 2 REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 25b. EUNERAL DIRECTOR VR A15 (4) 1/65

